



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Community and Family Health
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September 28, 2001

TO: Linda Lake, Chair, State Board of Health
Mary Selecky, Secretary, Department of Health

FROM: Jack Williams, Assistant Secretary
Community and Family Health

SUBJECT: REVISION OF CHAPTER 246-760 WAC, AUDITORY AND VISUAL
STANDARDS – SCHOOL DISTRICTS

The purpose of this memo is to provide a recommendation to the Board for revisions in Chapter 246-760 WAC, Auditory and Visual Standards – School Districts. The Department, in cooperation with the State Board of Health and the Office of the Superintendent of Public Instruction, has reviewed this chapter in response to the requirements of Executive Order 97-02, Regulatory Improvement.

This chapter sets out requirements for hearing and vision screening in public schools. All students must be screened in kindergarten, and grades one, two, three, five and seven, and students in other grades may be screened if resources permit. Also, students symptomatic of possible vision or hearing problems must be screened. The rules also include screening and equipment standards, personnel qualifications, and referral procedures.

This review began in 1999. After a review of some literature, the department solicited review and comment from stakeholders on a possible recommendation to reduce the screening requirement to one time only, upon school entry, while maintaining screening of symptomatic students. The principal basis for this possible change was the U.S. Preventive Health Services Task Force Report "Guide to Clinical Preventive Services, 2nd Edition." For vision screening, the Guide recommends screening of all children once before entering school for amblyopia and strabismus, and concludes there is insufficient evidence to recommend for or against routine screening of asymptomatic schoolchildren. For hearing screening, the Guide does not recommend routine screening of asymptomatic children beyond age 3 years.

Public comments on a possible reduction in screening requirements were virtually all in opposition, for a variety of reasons. As a result of the comments and direction from the board, the literature review was expanded. The department also collected information on screening activity and results in a sample of Washington public schools for the 2000-01 school year, and developed a cost-benefit assessment.

Findings

Literature review. An MPH student intern compiled and abstracted relevant literature for discussion by staff. Our literature review supports neither a reduction nor expansion in screening requirements.

School survey. In the schools sampled, the percentage of students with **vision disorders** was almost 3% in kindergarten, about 2.5% in 1st grade, 1.9% in 2nd grade, 1.7% in 3rd grade, 5.2% in 5th grade and 7.7% in 7th grade. Treatment rates for **hearing disorders** were 1.3% in kindergarten, .9% in 1st grade, 1.4% in 2nd grade, .7% in 3rd grade, .8% in 5th grade, and .6% in 7th grade. Importantly, the survey results did not enable distinction between the numbers of new cases and old (repeat) cases beyond kindergarten. Overall, results do not support a reduction or expansion in screening requirements.

Cost-benefit assessment. The analysis indicates the current level of screening generates substantial benefits. Vision screening may generate up to \$10 in benefits for every dollar expended. Hearing screening may generate up to \$6 in benefits for every dollar expended. Avoidance of permanent hearing and vision loss through treatment of amblyopia and ear infections generates most of the benefits. Additional benefits accrue due to increased lifetime earnings from enhanced educational attainment and reduced classroom disruption. Increased medical visits and treatment generate most of the screening program costs. In addition, screening program staffing and equipment generates costs for school districts.

Recommendation to the Board. The Department recommends that no substantive changes should be made in vision and hearing screening requirements. Changes should be limited to housekeeping, including updated style and reference to an updated ANSI standard for hearing testing decibel (dB) level. Changes such as expanding the scope of screening, requiring screening of additional grades, and adding administrative requirements such as notification of both positive and negative results to all parents and providing disclaimers about the limited scope of screening may be useful, but would place additional costs on school health programs with very limited budgets. Refinements or additions in vision and hearing screening requirements may be indicated at a later date as a result of the school health program policy analysis now underway among the Board and its partners. The Superintendent of Public Instruction concurs with this recommendation.

cc: Terry Bergeson
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